Four hours after the operation the child felt completely relieved of pain, and vomiting had ceased. A spontaneous stool occurred, and an injection was followed by several abundant movements of the bowel, and appetite was re-established. On the third day a dose of 50 cgms. of calomel and 20 cgms. of santonin caused the expulsion of the three lumbricoids. The abdominal incision was completely healed on the eighth day.

Iodide of Arsenic in the Treatment of Lymphatic and Scrofulous Infants.—SAINT-PHILIPPE, of Bordeaux (*Annales de Médecine et Chirurgie infantiles*, August 15, 1898, p. 573), praises this drug very highly for a number of conditions in which lymphatism and scrofulosis are underlying causes. He mentions the following: In dermatitis, either moist, crusted, or itching, at any period of the disease or age of the child, but especially in children from six months to two and a half or three years, and when the lesion has passed its most acute stage; in interminable ophthalmias, with either phlyctenular keratitis or ulceration; in coryza, with swollen nose and enlarged and ulcerated lips; in naso-pharyngeal catarrh persisting after ablation of adenoid vegetations; in recurring bronchitis, with emphysema and violent crises of pseudo-asthma, where the tracheo-bronchial glands are certainly hyperæmic and enlarged; in chronic bronchitis; in enteritis without painful symptoms; in fetid diarrhœas; in abdominal enlargements, in which dyspepsia plays an important rôle: finally in helminthiasis, especially that due to the oxyuris vermicularis. He employs the anhydrous iodide of arsenic, which is a very stable compound and soluble in water. The solution of a strength of 1 to 100, prepared cold, is absolutely clear, of a slight greenish tint, and keeps indefinitely. It is given before meals, in a teaspoonful of either water or milk, sweetened; or, better, in older children, in a glass of water and wine. Five, ten, twenty, or even thirty drops a day may be given, ten drops containing about one centigramme of the drug. The commencing dose should be small.

Apart from individual susceptibility or special dyspeptic trouble, it is rare that this solution is not perfectly tolerated. Occasionally a little diarrhœa or loss of appetite may be noticed after a time, and rarely a little excitation or insomnia. It must then be suspended for a time. The author recommends that after increasing the dose gradually and keeping it at the maximum for a time, it is well gradually to decrease it to the commencing dose, and then to suspend it altogether for a few days.

Addison's Disease in the Child.—DEZIROT (*Thèse de Paris*, G. Steinheil, Paris, 1898) has collected fifty observations of this interesting disease in childhood. He finds that more uniformly in the child than in the adult Addison's disease is due to tuberculosis of the suprarenals. It is encountered at any age, even in the new-born. In its symptomatology, after asthenia and melanodermia, gastro-intestinal disturbance and convulsions are most common. The duration is relatively shorter in the infant than in the adult, and rapid or sudden death is a frequent termination. An accessory lesion often encountered is hypertrophy of the mesenteric ganglia and of the solitary and agminate glands. Treatment by orrhotherapy, up to the present time, has not given very satisfactory results.

Duration of Isolation of School-children for Contagious Diseases in Russia.—The Medical Council of the Russian Empire (*Revue Mensuelle des Maladies de l'Enfance*, August, 1898) has established the following periods of isolation for school-children who have been exposed to an infectious disease or have themselves suffered from such a disease:

Scarlatina: After exposure, and without development of symptoms, an isolation of twelve to fourteen days is required. A child that has been ill may be allowed to return to school six weeks after the appearance of eruption, provided there is after that time no trace of desquamation.

Measles: Fifteen days after exposure; or, in case the disease has been present, four weeks from the beginning of the eruption, if there is no trace of desquamation.

Rubella: Sixteen days; or after two weeks from the beginning of the eruption.

Varicella: Seventeen days; or after the fall of the crusts.

Pertussis: Fifteen to twenty days; or after six weeks from the beginning of the cough, if kinks have ceased and there is no expectoration.

Mumps: Twenty-two days; or after three weeks from the beginning of the parotid swelling.

Diphtheria: Seventeen days; or three weeks after recovery, and after the disappearance of hyperæmia of the pharynx, larynx, and nose; if bacteriological examination is possible, only after the disappearance of the bacilli.

Variola: Fourteen days; or after the fall of the crusts.

All convalescent patients should receive two or three warm baths at 35° C.

The Value of Koplik's Sign in the Early Diagnosis of Measles.—LIBMAN (*Medical Record*, June 11, 1898) has been able to confirm, by the examination of fifty morbillous patients, the diagnostic importance of the bluish-white spots upon the mucosa of the cheeks, signalized by Koplik as a constant phenomenon of the period of incubation. [See this department of THE AMERICAN JOURNAL OF THE MEDICAL SCIENCES, August, 1898, p. 248.]

One of these observations is particularly instructive as to the value of Koplik's sign in permitting early isolation of cases of measles in children's hospitals. The case was that of a boy, aged six years, who for three days had complained of cough, with fever and pains in the chest. At the time of admission he had no trace of coryza or conjunctivitis. There were only the signs of a slight bronchitis, with a mitral murmur and hypertrophy of the left ventricle. The temperature was 101.8° F. The diagnosis was at first doubtful, but the mouth revealed Koplik's sign. The child was at once isolated, and two days later the eruption appeared.

Since this experience Libman has made a point of daily examining the mouth of every patient in his service. A few days after this precaution was adopted he found the sign in another child, and later in nine others. These ten children were immediately isolated. All of them developed the eruption twenty-four to forty-eight hours later. On the other hand, no child failing to show the sign in the mouth subsequently developed measles. The author has never found the spots in other affections than measles. In a case of erythema nodosum and in one of tertiary syphilis somewhat similar spots